

## STATE OF MAINE DEPARTMENT OF AGRICULTURE, CONSERVATION & FORESTRY

QUALITY ASSURANCE AND REGULATIONS 28 STATE HOUSE STATION AUGUSTA, MAINE 04333

WALTER E. WHITCOMB COMMISSIONER

## TRADEMARK LICENSE APPLICATION

I have read the rules and regulations adopted by the Maine Department of Agriculture, Conservation & Forestry governing the use of the State of Maine Quality Trademark /Blue, White and Red Trademark design for identifying the Maine Agricultural or Natural Resource products. I agree:

- to comply with the terms of this license
- to submit samples or design of tags, labels, bags, container or merchandise for approval by the Commissioner of Agriculture, Conservation & Forestry
- to cooperate with the Maine Department of Agriculture, Conservation & Forestry and any of its authorized agents in carrying out the requirements and regulations relative to the State of Maine trademark designs
- to pay all fees incidental thereto

Date Received:

License #:

Check #:

Date Reviewed:

Exp. Date:

Amount:

Section 1. Establishment Information										
Applicant Name:							New B	usiness?	Yes	No
Street Address:										
City:				State:			Zip:			
Telephone:				Fax:						
SS# or Fed ID:				Email	Address:					
Contact Name:						License date:				
Maine Agents /Distributors:										
Name:						Address:				
Check business type: Grower Processor					Broker	Pack	er Shipper			Handler
Section 2: License Fees										
\$25 year - State of Maine Quality Trademark License										
\$25 year - State of Maine Quality Trademark Providers License										
\$2 year - State of Maine Blue, White and Red Trademark License										
Total of all License Fees					Lot #:					
License fees must accompany application. Checks must be made payable to: TREASURER, STATE OF MAINE										
Print Name:			Signature:			Date:		Date:		
NOTICE: Any false written statements made by the undersigned, with the intent to deceive a public servant in the performance of his or her official duties, may expose the undersigned to criminal liabilities under 17-A MRSA 453 1.B. (1).										
OFFICE USE ONLY										

Reviewed. By:

Comments: